SALESPERSON TERMINATION NOTICE

From: Dealership	p Name	
Please Type: Name	Last 4 Digits of SS#	Terminated Date
	YER: Please return this page within ter	n days upon termination
	Email or Fax Termination Form t Oklahoma Motor Vehicle Commi email@omvc.ok.gov	ission
	SALESPERSON TERMINATION N	OTICE
	p Name	
Please Type: Name	Last 4 Digits of SS#	Terminated Date
1		

NOTE TO EMPLOYER: Please return this page within ten days upon termination of employment.

Email or Fax Termination Form to:
Oklahoma Motor Vehicle Commission
email@omvc.ok.gov